

**Department of Veterans' Affairs  
Security and Investigations Center  
Employee Background Investigation Request Worksheet  
If you need assistance, please Call: 501-257-4017**

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VA Organization:

VISN #:

Reciprocal Request:

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**Please complete all of the following fields for each subject:**

Duty Station Name – City/State:

Station #:

Station to be billed – City/State:

Station #:

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Applicant Name –

Last:

First:

Middle:

SSN:

DOB:

Email:

Phone:

Place of Birth - City:

State:

Country:

Job Title:

Civil Service Job Series Code:

Grade:

Type of investigation requested: NACI  
(check one) ANACI

BI  
PRI

MBI  
NACLC

SSBI  
SSBI-PR

LBI

Does this person require access to classified information:  
(check one)

SECRET

TOP SECRET

NONE

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HR Contact – First Name:

Last Name:

Email:

Phone:

HR Suitability Contact –

First Name:

Last Name:

Email:

Phone:

Complete Mailing Address:

City:

State:

Zip Code:

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Notes: